## **Iowa Division of Labor Elevator Safety**

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## **Escalator Test & Inspection Report**

ASME A17.1 – Sections 8.10.4 and 8.11.4

Annual Acceptance
5-Year Alteration

State ID:

Date tested:
Passed inspection
Passed test
Failed inspection
Failed test

Complete all items at time of acceptance, alteration or 5-year tests. Write "N/A" if not applicable. Form will be returned if not completed. **Submit copy of step skirt index computer printout with this report.** 

returned if flot co	•	ica. J	abiiii c	JPy C	зсер	JKII C III GC	.x compa	ter print	out with		port.			
Escalator Information														
Owner name						Building name								
Oursey address						Location address								
Owner address							Location address							
City State					Zip	City					State	Zip		
Manufacturer I				Insta	lled cod	de edition	Serial #			1	Normal travel of direction:			
											up down			
Rated	Rated				Bra	ake torque		Brake torque			Calibration			
Speed:	fpm	Capaci	Capacity: Ibs			ta plate:		Actual:		Certificate #:				
1. ASME A17.1 Section 8, step/skirt performance index														
The escalator skirt							nodified in	preparation	on for testi	na. Th	ne escala	tor insta	intaneous	
step/skirt index m										_				
of two distinct ste														
by a minimum of 8	•	_	, , , , , , , , , , , , , , , , , , ,											
Step		Step					Step				Skirt deflectors:			
1 left:						eft:	2 right:				Yes No			
2. ASME A17.1	Soction	on 8 cl	oaranco k	actwo	n stan	and skirt	(loaded a	an install	ed under /	SME	Δ17 1d-	2000)		
Loaded gap meas					-		_	•					الرام 8 6 8 2)	
<b>J</b> .							•			_				
and before the steps are fully extended. These measurements sh  Top  Top						Bottom Botton								
landing left:		landing right:				I	landing left:			landing right:				
_						'								
3. ASME A17.1					-				-					
Unloaded gap me			hall be tal	ken at	several	locations	through en	tire travel	. Gaps can	not ex	ceed ma	ximums	found in	
ASME A17.1 Rule	8.6.8.2	·.								Τ_				
Тор						Bottom				ttom				
landing left: landing right:						anding left:			landing right:					
Top comb-step in	mpact	device	(if provi	ded)										
			( p. o	<u> </u>										
Center:	lb	S		Rigl	nt:	I	bs		Left:		lbs			
Bottom comb-ste	ep im	pact de	vice (if p						•					
	-	•			_									
Center:	lb	S		Rigl	nt:	I	bs		Left:		lbs			
									•					

State ID#: Bate Tested: Escalator Test & Inspection Report Continued											
РΑ	SS = meets requirements; FAIL	= con	nmen	t at th	e bottom o	of this checklist	; N/A = !	not ap	plicak	ole	
Item		PASS	FAIL	N/A	Item			PASS	FAIL	N/A	
1.	General fire protection				16. Caution s	igns					
2.	Geometry					ricades and antislide					
3.	Handrails				18. Steps and	d upthrust device					
4.	Entrance and egress ends					g and safety devices					
5.	Lighting					ruction device					
6.	Brake torque actual using certified wrench					striction (rolling shutter)	) device				
7.	Speed governor				22. Speed	· · · · · · · · · · · · · · · · · · ·					
8.	Machinery, space access, lighting, receptacle and condition stop switch					rive chain and disconne	cted motor				
9.	Step/skirt clearance, panels and performance index					systems and safety devi	ces (speed-				
10.	Outdoor protection					ep chain device					
	Steps and upthrust device					tep device					
12.	Balustrades					p chains and trusses					
	Controller and wiring					stop switch					
	Drive machine and brake				29. Code dat						
	Response to smoke detectors					ral displacement devices					
13.	Response to smoke detectors				30. Step later	ai dispiacement device.	<u>,                                      </u>				
Ref	Each item is re erence the number above that failed to r					<b>4 guide for insp</b> of why it did not n		actorv			
#			-1		lanation						
#				Ехр	ialiation						
Cor	nments										
	iments										
4.	ASME A17.1 section 8 metal tag with	h tha ta	set dat	o thor	oquiromont r	umbor roquiring	the test an	d tha n	ama of	f tha	
	<del>_</del>				-		the test an	id the m	airie Oi	tile	
	son or firm performing the test shall l										
I ce	rtify that the above tests were performed	d in cor	nplian	ce with <i>i</i>	ASCME A17.1	section 8.6.8.15					
Company performing test Name							Phone num	nber	Date	9	
Elevator company address City						tate	Zip				
Lie\	rator company address			city			اعا	late	LΣIP		
_	to the condition for the N					Data	Dl	-1			
Test witnessed by (name)						Date	Phone num	nber			
QEI provider					QEI number						